| | | | | | | | | | Application or Docket Number | | | | | |
|---|--|--------------------------------|-----------------|------------------|------|--|------------------|-------------------|------------------------------|--------|------------------------|----------|--|------------------------|
| | PATENT A | | ATIO fective | RD | | (|)9 | 66 | 255 | 73 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | LL I | ENTITY | OR | OTHER SMALL | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATI | E | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | | | 1.75 1.75 1.55 | egire i L | 345.00 | OR | | 690.00 | |
| TOTAL CLAIMS | | | minus 20= | | • | | | X\$ 9= | | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | • | | | X39= | | OR | X78= | 1 | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | | | +260= | / | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | _ | | OR | | 690 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | TOTA | IL | | OR | OTHER | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | L E | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAI REMAI AFTI AMEND | NING ER | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | · 13 | 2 | Minus | •• | 8 | E | | X\$ 9 | = | | OR | X\$18= | \sim |
| ME | Independent | • | 2 | Minus | 7 | | = | ı | X39= | _ | | OR | X78= | |
| , | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | Ì | +130 | | | | +260= | \\ |
| | | | | | | | | | 100 | | | OR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | • | ADDIT. F | EE | | OR | ADDIT. FEE | |
| 8 | | CLA | MS | | Ţ_, | HIGHEST NUMBER | | ſ | | 7 | ADDI- | 1 | | ADDI- |
| | | AFT | ER | | Р | REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | Ξ | TIONAL FEE | | RATE | TIONAL FEE |
| AMENDMENT | Total | | | Minus | | | = | | X\$ 9: | • | | OR | X\$18= | |
| AME | Independent | <u> -</u> | | Minus | | | = | | X39= | | | OR | X78= | |
| | FIRST PRESE | AOITATM: | OF MI | JLTIPLE DE | PEN | DENT CLAIM | | 1 | +130: | | | | +260= | |
| | | | | | | | | | | AL. | | OR | TOTAL | |
| | | | | | | | | | | EE | | OR | ADDIT. FEE | |
| , . | | (Colur | MS | | (| Column 2) HIGHEST | (Column 3) | r | | _ | ADDI- | 1 1 | | 4001 |
| AMENDMENT C | · | REMAI AFT AMENO | ER | | P | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | · | | Minus | - | | 2 | | X\$ 9 | .] | | OR | X\$18= | |
| AME | Independent | · | | Minus | • | | ≈ | I | X39- | 1 | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130- | ┪ | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | OR | +260= | |
| "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR | | | | | | | | | | | | | | |
| | The "Highest Nun | nber Previo | xusiy Pai | id For" (Total o | rind | ependent) is the | highest numbe | r 10U | nd in the | app | oropriate bo | x in col | umn 1. | |